SUPERIOR COURT OF ARIZONA IN MARICOPA COUNTY ALTERNATIVE DISPUTE RESOLUTION

Family Court Private Mediator Application

NOTE: Information disclosed on this Registration Form might be considered public record.

1.	GENERAL INFORMATION:		
	A. Name:		
	B. Address:		
	C. Telephone: Pager /Mobile: Fax:		
	D. Office Days and Hours:		
	E. Other Office Location(s): List		
	F. Address:		
	G. Telephone: Fax:		
	H. Office Days and Hours:		
	FEES FOR SERVICES:		
	A. What do you charge for an Initial Consultation? ½ Hour \$; Hour \$		
	B. What is your hourly charge for services? \$		
	C. How do you require payment to be made? Cash Personal Check Credit Card (list which ones) Card Types: Visa Mastercard AmExpress Discover Other		
	D. When do you require payment for services to be made? At time service is performed At end of all services to be performed Other (Please explain):		
	E. Do you require a retainer? yes no If so, please describe:		
3.	LANGUAGE FLUENCY: Please list all languages in which you are fluent:		
	English Spanish Other (please list):		
	Please indicate if staff in your office are fluent in other languages. Please list:		
4.	EDUCATION/TRAINING/EXPERIENCE:		
	a. Please attach a transcript or a copy of your diploma for each degree listed.		
	DEGREE AWARDED: DATE RECEIVED: INSTITUTION:		

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2.

List a maximum of THREE of the most significant TRAINING EVENTS . List (1) the name of training attended, (2) the dates of attendance, (3) the institution conducting training			
i.			
ii.			
iii.			
 iv. b. List a maximum of THREE other MEMBERSHIPS, LICENSURE, CREDENTIALING, OR 			
EXPERIENCES relevant to the roster(s) on which you wish to participate:			
i. ii.			
iii.			
III.			
c. Have you completed at least 40 HOURS OF MEDIATION TRAINING? YES NO			
Date(s):			
Institute(s) or Agency(ies): (Attach copy(ies) of certificate(s) of attendance to this Registration Form.)			
 d. Will you conduct pre-mediation screening as to appropriateness of mediation services for the case, including domestic violence screening? YES NO 			
Do you require a retainer? YES NO If yes, please describe.			
How many years have you been mediating cases as a third party neutral? Mediating since:			
Estimate the number of cases you have mediated as a third party neutral.			
e. Annual average number of FAMILY cases you mediated as third party neutral in the past three years?			
f. How many years have you been active in practice as a FAMILY mediator? (State year you began your practice):			
g. How many years of experience do you have in FAMILY cases or practice, other than in mediation? (explain);			
h. Are there any kinds of cases you prefer NOT to handle as a FAMILY MEDIATOR? YES NO			
If YES, please describe:			
i. List types of cases in FAMILY mediation are you willing to mediate:			
Divorce, Legal Separation, Annulment Grandparent Rights			
Paternity Post-Decree Matters			
Adoption, Juvenile Dependency			
 Professional Liability Insurance: Do you have Professional Mediator Liability Insurance? YES NO (This is a requirement for participation on the Family Court Private Mediator Roster.) 			

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- 6. Other Matters: (To be completed by applicant for determination by Court for suitability for inclusion on Roster)
 - A. Have you been arrested, charged or convicted of a felony, or have you been arrested, charged or convicted of any matter relating to sexual misconduct, regardless of when such arrest charge or conviction occurred?

YES NO (If yes, please attach explanation.)

B. In the past three years before submitting the Registration Form, have you had an adverse decision rendered against you by any regulating agency or court pertaining to the service or conduct which is related to the services that are the subject of the Court Roster?

YES NO (If yes, please attach explanation.)

C. Are you under any current limitations by any regulating agency or court pertaining to the service or conduct which is related to the services that are the subject of the Court Roster?

YES NO (If yes, please attach explanation.)

D. Do you know of any present or past conduct that might or may affect your ability to provide the service or conduct which is related to the services that are the subject of the Court Roster for which you are applying?

YES NO (If yes, please attach explanation.)

7. ROSTER CERTIFICATION REQUIREMENTS

If I am included in the Maricopa County Superior Court Family Court Mediator Roster, I WILL:

- YES NO Submit proof of all mediation experience, education and training requirements as established by the Superior Court?
- YES NO Submit initial and continuing proof of compliance with continuing education or special training requirements as established by the Superior Court?
- YES NO Submit initial and continuing proof of mediator liability insurance in accordance with Superior Court procedures?
- YES NO Conduct pre-mediation screening as to appropriateness of mediation services for the case, including domestic violence screening?
- YES NO Submit copies of case screening methods, including domestic violence, to be used in determining appropriateness for mediation?
- YES NO Adhere to all ethical standards set by the Superior Court?
- YES NO Annually complete two (2) pro bono mediations on cases referred to you by the Superior Court?
- YES NO Comply with all reporting requirements, including grievance and feedback procedures, adopted by the Superior Court.

Sworn Statement

I swear that all of the information on this registration form, and any attached subparts, is true and accurate to the best of my knowledge, information, and belief. I have read and I understand the Policies and Procedures for Family Court Private Mediator Roster and agree to abide by them. I will advise the Court in writing of any material changes to the information

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^{*}A "NO" response to any of the requirements listed above will result in your rejection for participation on the Family Court Mediator Roster.

Signature:	
Subscribed and sworn to before me this	_ day of
ру	
Signature	<u>_</u>
My commission expires:	

WHEN COMPLETED, RETURN THIS FORM TO:
Alternative Dispute Resolution
Superior Court in Maricopa County
Downtown Justice Center
620 W. Jackson St., Suite 3076
Phoenix, Arizona 85003

contained in this Registration. I understand that failure to be truthful about matters related to this application or to abide by these Policies and Procedures may result in the removal of my name from the Family Court Private Mediator Roster.

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